with the state of	
ARIZONA STATE BO	OARD OF HEALTH AL STATISTICS  Registered No. Jos
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH .	
M.V. State Wysona	
County AVA	
District or Township  No. 340/Jurkly Shoot St Ward  (If birth occurred in a nospital or institution, give its NAME instead of street and number)	
2. Full name of child Aulben Grants { If child is not yet named, make supplemental report, as directed	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other. 6. Legitimate? 7. Date of birth of plural	
Male births. 5. No., in order of birth	MODILED
8. FATHER CEVANTS	Full maiden name Villavalda Plaroz
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)  Manu  Date of Action (Control of
If non-resident, give place and state. Www.	If non-resident, give place and state.
10. Color or race	16. Color or race
Met. 11. Age at just birthday. 3.5 (Years)	Mey, 17. Age at last birthday. S. D. (Year)
12. Birthplace (city or place) Jalie Co	18. Birthplace (city or place) Mule Co
(State or country)	(State or country)
13. Occupation	19. Occupation
Nature of industry	Nature of industry
MANIN	Vyouseury
20. Number of children of this mother	nd now living 3 21. Were precautions taken against oph thalmia neonatorum?
(Taken as of time of birth of child.)  (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  Thereby certify that I attended the birth of this child, who was (Born alive or stillbook) (Born alive or stillbook)	
hereby certify that I attended the birth of this child, who was (Born alive or stillburg)	
*When there was no attending physician or midwife, then the father, householder,	
etc. should make this return. A stringer	
shows other evidence of life after birth.	
Given name added from a supplemental report	Mann, Wysons
Month, day, year	

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Registrar 7 - 5'71